

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	/						51			
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44						94					
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49						99					
50						100					
TOTAL IND.	2		↓			TOTAL IND.		↓			
TOTAL DEP.	13	↔		↔	↔	TOTAL DEP.		↔		↔	
TOTAL CLAIMS	15	██████	██████	██████	██████	TOTAL CLAIMS	██████	██████	██████	██████	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						

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TOTAL DEP.						
TOTAL CLAIMS						

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